

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | <i>TD</i> | | 10-25-00 |
| O.I.P.E. CLASSIFIER | <i>W</i> | | 10-31-00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

01/24/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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